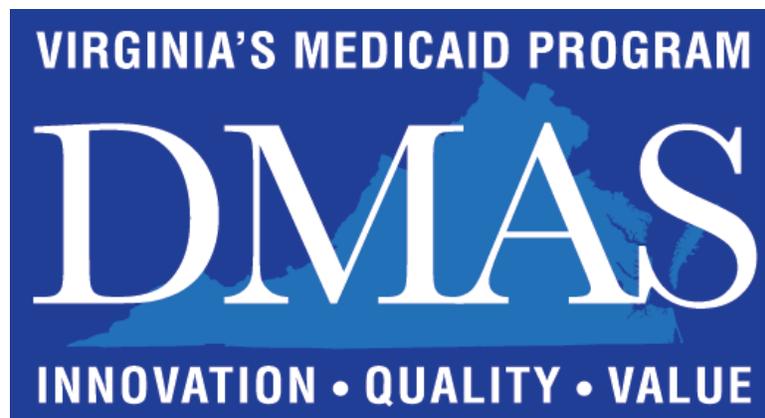


# Monthly MCO Compliance Report

**Medallion 4.0 November 2020 Deliverables**



**Health Care Services Division**

January 12, 2021

# Monthly MCO Compliance Report

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## Medallion 4.0 November 2020 Deliverables

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# Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from November 2020	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	3.0	1.0	1.0	3.0	<b>FINDINGS</b> Untimely Internal Appeals <b>CONCERNS</b> Data Submission Error
<u>Anthem</u>	12.0	1.0	2.0	11.0	<b>FINDINGS</b> Untimely Internal Appeals <b>CONCERNS</b> Pharmacy PA Report
<u>Magellan</u>	2.0	0	2.0	0.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>Optima Health</u>	12.0	2.0	0	14.0	<b>FINDINGS</b> Provider Call Center EI Claims Issue <b>CONCERNS</b> Data Submission Errors Pharmacy PA Report
<u>United</u>	2.0	0	0	2.0	<b>FINDINGS</b> NONE <b>CONCERNS</b> NONE
<u>VA Premier</u>	21.0	2.0	2.0	21.0	<b>FINDINGS</b> EI Claims Issue Untimely Internal Appeals <b>CONCERNS</b> Data Submission Errors Pharmacy PA Report

*\*All listed point infractions are pending until the expiration of the 15-day comment period.*

Notes:

-**Findings**- Area(s) of violation; point(s) issued.

-**Concerns**- Area(s) of concern that could lead to potential findings; **no** points issued.

-**Expired Points**- Compliance points expire 365 days after issuance. Thus, all points issued in November 2019 (Issue date: 12/15/2019) expire on 12/15/2020 and are subtracted from the final point balance.

# Summary

The **Compliance Review Committee (CRC)** met on January 7, 2021 to review deliverables measuring performance for November 2020 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

Due to the current emergency crisis during COVID-19, Health Care Services (HCS) Compliance Unit will exercise its enforcement discretion on the issuance of points and/or financial penalties on identified issues of non-compliance during this period, unless the identified areas of non-compliance are egregious violations. HCS Compliance Unit will continue to monitor and document areas of noncompliance. The Department will expect health plans to come into compliance with all aspects of the Medallion 4.0 contract prior to the end of the emergency period.

The CRC voted to issue Warning Letters with associated compliance points and Notices of Non-Compliance to managed care organizations (MCOs) for failure to meet contractual requirements/thresholds and data reporting errors.

Each MCO's compliance findings and concerns are further detailed below. Data related to the Health Care Services Division's compliance activities are also included. The Department communicated the findings of its review of November's compliance issues in letters and emails issued to the MCOs on January 7, 2021.

# Aetna Better Health of Virginia

## Findings:

- **Appeals and Grievances' Report:** The Department timely received the November 2020 Appeals and Grievances' Report deliverable from Aetna. Upon review, a DMAS subject matter expert discovered that the report indicated that Aetna failed to adjudicate a total of one (1) appeal within 14 days of their filing as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020.

Per the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020, the federal government has authorized DMAS to exercise its right to change the timeframe in which a MCO issues an internal member appeal decision from 30 days to 14 calendar days. Therefore, "Medicaid members who are enrolled in a Managed Care Organization ('MCO') must continue to exhaust the MCO's internal appeal process before appealing to DMAS." Further, DMAS requires the MCO "to issue an internal appeal decision within 14 calendar days of receipt of the appeal request. If the MCO's decision is not issued within the 14-day period, the appeal is deemed exhausted and the enrollee can appeal to DMAS."

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Aetna a **one (1) point violation** due to its failure to process one (1) member appeal within 14 days without a request for an extension.

Aetna has accumulated 2.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Aetna will not be issued financial sanctions for this issue. The CRC voted not to require Aetna to submit a Corrective Action Plan (CAP). **(CES # 3553)**

## Concerns:

- **Data Submission Error:** Aetna Better Health timely submitted the November 2020 Appeals & Grievances Monthly Report. However Aetna submitted a appeal with an October decision date on the November report. This appeal was filed on October 29, 2020 and a decision was issued on October 30, 2020.

Therefore this appeal should not have been submitted on the November Appeals & Grievances Monthly Report.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Aetna violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Aetna be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3554)**

### **MIP/CAP Update:**

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 2569:** November 2019 – Claims Payment –Early Intervention Services Report. 1 point was removed from Aetna's total by closing **CES # 2569**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance for November 2020, Aetna showed a high level of compliance. Aetna timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Aetna failed to adjudicate internal member appeals within 14 days as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020 (as addressed above in **CES # 3553**). One monthly deliverable contained data submission errors (as addressed above in **CES # 3554**). In summation, Aetna complied with nearly all applicable regulatory and contractual requirements.

# Anthem HealthKeepers Plus

## Findings:

- **Appeals and Grievances' Report:** The Department timely received the November 2020 Appeals and Grievances' Report deliverable from Anthem. Upon review, a DMAS subject matter expert discovered that the report indicated that Anthem failed to adjudicate a total of two (2) appeals within 14 days of their filing as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020. Additionally, this report contained a reporting error. Anthem submitted "state" as a type of appeal which is not listed in Managed Care Technical Manual (MCTM) section 3.18 technical specifications.

Per the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020, the federal government has authorized DMAS to exercise its right to change the timeframe in which a MCO issues an internal member appeal decision from 30 days to 14 calendar days. Therefore, "Medicaid members who are enrolled in a Managed Care Organization ('MCO') must continue to exhaust the MCO's internal appeal process before appealing to DMAS." Further, DMAS requires the MCO "to issue an internal appeal decision within 14 calendar days of receipt of the appeal request. If the MCO's decision is not issued within the 14-day period, the appeal is deemed exhausted and the enrollee can appeal to DMAS."

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Anthem **one (1) point violation** due to its failure to process two (2) member appeals within 14 days without a request for an extension.

Anthem has accumulated 10.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Anthem will not be issued financial sanctions for this issue. The CRC voted not to require Anthem to submit a Corrective Action Plan (CAP). **(CES # 3533)**

## Concerns:

- **Contract Adherence:** Anthem failed to timely process Pharmacy Prior Authorization requests. Per November data, there was one (1) Pharmacy Prior Authorization Request processed past 24 hours (out of 6,961).

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Anthem violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Anthem be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3496)**

### **MIP/CAP Update:**

- No updates

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- **Case # 2549:** November 2019 – Data Submission Error – MCO Claims Report. 1 point was removed from Anthem's total by closing **CES # 2549**.
- **Case # 2574:** November 2019 – Data Submission Error – Appeals & Grievances Summary. 1 point was removed from Anthem's total by closing **CES # 2574**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance for November 2020, Anthem showed a high level of compliance. Anthem timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. Two monthly deliverables failed to meet contract adherence requirements to process Pharmacy Prior Authorization requests within 24 hours, and to adjudicate internal member appeals within 14 days (addressed above in **CES # 3533 & 3496**). In summation, Anthem complied with most applicable regulatory and contractual requirements.

# Magellan Complete Care

## Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

## Concerns:

- No Concerns

## MIP/CAP Update:

- No updates

## Appeal Decision:

- No appeals

## Expiring Points:

- **Case # 2570:** November 2019 – Claims Payment – Early Intervention Services Report. 1 point was removed from Magellan’s total by closing **CES # 2570**.
- **Case # 2609:** November 2019 – Late / Missing Data Submission – Weekly Pharmacy Prior Authorizations – NCPDP Transfer Standard. 1 point was removed from Magellan’s total by closing **CES # 2609**.

## Financial Sanctions Update:

- No outstanding sanctions at this time

## Summary:

- For deliverables measuring performance for November 2020, Magellan showed an outstanding level of compliance. Magellan timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Magellan’s member and provider call centers complied with abandonment ratio requirements, and Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan was a top performer in November 2020, and complied with every regulatory and contractual requirements.

# Optima Health

## Findings:

- **Untimely Payment of EI Claims:** DMAS timely received the November 2020 Early Intervention Services Report deliverable from Optima. Upon review, the Compliance Unit discovered that the report indicated that Optima failed to adjudicate one (1) clean claim for EI services within 14 days of its receipt in November 2020.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Optima violated the terms of the Medallion 4.0 contract in failing to adjudicate one (1) clean claim for EI services within 14 days of its receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Optima a **one (1) point violation** due to its failure to adjudicate one (1) clean claim within 14 days.

Optima has accumulated 12.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 2 of the Compliance Deficiency Identification System may be subject to financial sanctions. Optima will not be issued financial sanctions for this issue at this time. The CRC voted not to require Optima to submit a Corrective Action Plan (CAP). **(CES # 3495)**

- **Call Center Statistics:** DMAS timely received the November 2020 MCO Provider Call Center Statistics report from Optima Health. Upon review, the Compliance Unit discovered that the report indicated that Optima did not meet the required contract thresholds for call center statistics (did not answer 95% of incoming provider calls). Optima answered 83.10% of incoming provider calls in the month of November 2020.

Section 5.9 of the Medallion 4.0 contract requires that the MCOs Provider call abandonment rates shall average less than five percent (5%) each month. Optima Family Care failed to answer at least 95% of the incoming provider calls to be in compliance with the Medallion 4.0 contract.

Section 10.1.E.a of the Medallion 4.0 contract states that the Department may, at its discretion, assess one (1) point when the Contractor fails to meet an administrative and/or procedural program requirement, and the Contractor's failure, as determined by the Department represents "a threat to smooth and efficient operation" of the Medallion 4.0 program.

As a result, the CRC voted to assess Optima Health a **one (1) point violation** for its failure to answer at least 95% of incoming calls to its provider call center. Optima has accumulated 14.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. However, a financial sanction will be waived in response to this issue due to the public health emergency period. In addition, the CRC voted to require Optima to submit an **MCO Improvement Plan (MIP)** in response to this issue due to its recurring nature. Optima failed to meet the Medallion 4.0 contract requirements for call center statistics for the third month in a row. Optima will have 30 days to submit a plan for addressing future provider call center issues, and the Department will review the plan to evaluate its adequacy. **(CES # 3498).**

### **Concerns:**

- **Contract Adherence:** Optima failed to timely process Pharmacy Prior Authorization requests. Per November data, there were 93 Pharmacy Prior Authorization Requests processed past 24 hours (out of 3,287).

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Optima violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Optima be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3497)**

- **Data Submission Error:** Optima Family Care timely submitted the November 2020 Early Intervention Services Report. However, Optima submitted this report with data vertically in two columns rather than in the manner required in the Managed Care Technical Manual (MCTM) which requires the data to be reported horizontally in one row without a header row.

Section 10.1.E.d of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Optima violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Optima be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3573)**

### **MIP/CAP Update:**

- **CES # 3238:** The Department requested Optima submit the completed self-imposed Corrective Action Plan (CAP) to the Department by November 30, 2020 to include all applicable names and dates in response to Optima's failure to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) in its entirety. Optima submitted this self-imposed CAP to the Department on November 20, 2020.

### **Appeal Decision:**

- No appeals

### **Expiring Points:**

- No expiring points

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance for November 2020, Optima showed a moderate level of compliance. Optima timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Two monthly deliverables failed to meet contract adherence requirements for processing Pharmacy Prior Authorization requests and adjudicating Early Intervention clean claims within 14 days (as addressed above in **CES # 3497 & 3495**). One monthly deliverable failed to meet contract adherence requirements for answering incoming provider calls (as addressed above in **CES # 3498**). One monthly deliverable contained data submission errors (as addressed above in **CES # 3573**). In summation, Optima complied with most applicable regulatory and contractual requirements.

# UnitedHealthcare

## Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

## Concerns:

- No Concerns

## MIP/CAP Update:

- No updates

## Appeal Decision:

- No Appeals

## Expiring Points:

- No expiring points

## Financial Sanctions Update:

- No outstanding sanctions at this time

## Summary:

- For deliverables measuring performance for November 2020, United showed an outstanding level of compliance. United timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. United's member and provider call centers complied with abandonment ratio requirements, and United complied with all applicable provider payment timeliness requirements. In summation, United was a top performer in November 2020, and complied with every regulatory and contractual requirement.

# Virginia Premier

## Findings:

- **Untimely Payment of EI Claims:** DMAS timely received the November 2020 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to adjudicate 45 clean claims for EI services within 14 days of its receipt in November 2020.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in failing to adjudicate one clean claim for EI services within 14 days of its receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Virginia Premier a **one (1) point violation** due to its failure to adjudicate 45 clean claims within 14 days of its receipt.

Virginia Premier has accumulated 21.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. However, a financial sanction will be waived in response to this issue. The CRC voted not to require Virginia Premier to submit a Corrective Action Plan (CAP). **(CES # 3493)**

- **Appeals and Grievances' Report:** The Department timely received the November 2020 Appeals and Grievances' Report deliverable from Virginia Premier. Upon review, a DMAS subject matter expert discovered that the report indicated that Virginia Premier failed to adjudicate one (1) appeal within 14 days of their filing as required by the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020.

Per the New 1135 Waiver and Administrative Provider Flexibilities Related to COVID-19 Medicaid Memo, dated May 26, 2020, the federal government has authorized DMAS to exercise its right to change the timeframe in which a MCO issues an internal member appeal decision from 30 days to 14 calendar days. Therefore, "Medicaid members who are enrolled in a Managed Care Organization ('MCO') must continue to exhaust the MCO's internal appeal process before appealing to DMAS." Further, DMAS requires the MCO "to issue an internal appeal decision within 14 calendar days of receipt of the appeal request. If the MCO's decision is not issued within the 14-day period, the appeal is deemed exhausted and the enrollee can appeal to DMAS."

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Virginia Premier a **one (1) point violation** due to its failure to adjudicate one (1) member appeal within 14 days of their filing.

Virginia Premier has accumulated 21.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. The Department is requesting that Virginia Premier adheres to the reporting requirements associated with the deliverable listed above. At this point, financial sanctions will be waived. The CRC voted not to require Virginia Premier to submit a Corrective Action Plan (CAP). **(CES # 3513)**

### **Concerns:**

- **Contract Adherence:** Virginia Premier failed to timely process Pharmacy Prior Authorization requests. Per November data, there were 194 Pharmacy Prior Authorization Requests processed past 24 hours (out of 3,287).

Section 8.7.N of the Medallion 4.0 contract requires the MCOs to provide a response by telephone or other telecommunication within 24 hours of a service authorization request. If the Contractor denies a request for service authorization, the Contractor must issue a Notice of Action within twenty-four (24) hours of the denial to the prescriber and the member. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3494)**

- **Data Submission Error:** Virginia Premier timely submitted the November 2020 Appeals & Grievances Monthly Report. However, Virginia Premier submitted an appeal with an October decision date on the November report. This appeal was filed on October 29, 2020 and a decision was issued on October 30, 2020. Therefore this appeal should not have been submitted on the November Appeals & Grievances Monthly Report.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

The Compliance Team recommended that in response to the issue identified above, Virginia Premier be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. **(CES # 3593)**

### **MIP/CAP Update:**

- No updates

### **Appeal Decision:**

- No Appeals

### **Expiring Points:**

- **Case # 2529:** November 2019 – Claims Payment –Early Intervention Services Report. 1 point was removed from Virginia Premier's total by closing **CES # 2529**.
- **Case # 2531:** November 2019 – Call Center Statistics – MCO Call Center Statistics Report. 1 point was removed from Virginia Premier's total by closing **CES # 2531**.

### **Financial Sanctions Update:**

- No outstanding sanctions at this time

### **Summary:**

- For deliverables measuring performance for November 2020, Virginia Premier showed a moderate level of compliance. Virginia Premier timely submitted 23 required monthly reporting deliverables and those deliverables did not expose any programmatic issues. One reporting deliverable contained data submission errors (as addressed above in **CES # 3593**). Three monthly deliverables failed to meet contract adherence requirements for the EI claims adjudication within 14 days, the timely resolution of internal appeals within 14 days, and the timely processing of Pharmacy Prior Authorization requests within 24 hours (as addressed above in **CES # 3493, 3513, & 3494**). In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

# Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit continued its enforcement efforts in the area of the timely processing of Appeals & Grievances, Early Intervention Claims, and Pharmacy Prior Authorization turnaround times. The MCOs were notified of their non-compliance with these issues. The Compliance Unit requested adherence to the Medallion 4.0 contract and issued of points as appropriate. Financial sanctions for failing to meet contractual requirements not met were waived this month however may be enforced as applicable, effective on deliverables due by January 15, 2021.

The HCS Compliance Unit is also coordinating with the IC Compliance Unit to align enforcement actions as applicable between the two contracts.